



THE RESEARCH FOUNDATION

The State University of New York

Req. #

Project # - 01

Requisition Date

12/12/12

Purchase Requisition

Supplier SUNY Canton Address Website (if available)

City _____ State _____ Zip Code _____ Social Sec # or Fed ID # _____

Phone # 555-5555 Fax # 555-5555

Ship to Address		Payment Terms: _____	<u>777777</u> <u>1</u> <u>77777</u>
<u>34 Cornell Drive, Canton, NY 13617</u>		Freight ___ Due ___ Paid	Project Task Award
Organization Name (Department) <u>FO 612</u>		Carrier _____	<u>i.e., GNS, SUP</u>
Building	Room Number	FOB ___ Destination ___ FCA ___ Origin	Expenditure Type
<u>John Doe</u>		Supplier Notes:	<u>360 VP Academic Affairs</u>
Attention			Organization Name (Department)
Need by Date: _____		Confirming (Yes/No) _____	<u>John Doe</u> <u>555-5555</u>
			Requisitioner Telephone #
			Authorized Signature Date

Type	Item Category	Item Catalog # & Complete Description (including notes & buyer notes)	Quantity	Unit	Unit Price	Total
<u>SUP</u>	<u>Supplies</u>	<u>361650 No. 2 Pencils Black</u>	<u>10</u>	<u>Box</u>	<u>1.99</u>	<u>19.90</u>

Quotation: Written Verbal By _____ Date _____ Total: \$19.90